

**FILED**

Case 1:08-cv-00863

Document 6

Filed 07/11/2008

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**JULY 11, 2008**

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**RECEIVED**

Jun 26, 2008

JUN 26 2008 *new*

JUN 26 2008

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Charles Head

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

**08CV3663**

**JUDGE GOTTSCHALL  
MAGISTRATE JUDGE NOLAN**

vs.

C/O Harrington  
Cook County Deputy Sheriff  
Cermak Health Care Service  
Cook County Jail

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**

☐ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**  
U.S. Code (state, county, or municipal defendants)

☒ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**  
**28 SECTION 1331 U.S. Code (federal defendants)**

☐ **OTHER** (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: Charles Head
- B. List all aliases: Steve Head, Marvin Williams
- C. Prisoner identification number: 20070084711
- D. Place of present confinement: Cook County Jail
- E. Address: 2600 S. California Ave. 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: C/O Harrington 7 to 3 shift  
 Title: Transportation officer Cook County Deputy Sheriff  
 Place of Employment: Cook County Jail
- B. Defendant: Cermak Health care service  
 Title: Hospital of Cook County Jail  
 Place of Employment: \_\_\_\_\_
- C. Defendant: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: I have filed a lawsuit  
Against Cook County Jail Can't remember correct dates
- B. Approximate date of filing lawsuit: 1999
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- D. List all defendants: C/O Bitten Binder  
 \_\_\_\_\_  
 \_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: Assault  
 \_\_\_\_\_  
 \_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Settled out of Court  
 \_\_\_\_\_  
 \_\_\_\_\_
- I. Approximate date of disposition: N/A

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

## IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON 5-27-08 after returning from fantus Clinic At Stroger Hospital C/O Harrington of 7to3 shift was playing with a taser remote control. The taser was Attached to my right leg, the C/O had Switched remotes with C/O Rabus over At Stroger Hospital. After returning to Cermak At the County Jail the officers were removing the shackles shackles, handcuffs and the taser devices C/O Harrington was playing with Inmate Tony Palmer I.D.# 20080004155, C/O Harrington stated to I/M Palmer all i had to do was turn this Key and 50,000 Volts would knock you down C/O Harrington pointed the remote at I/M Palmer and turned the Key at this time i felt MAJOR pain trauling up my right Leg. Because of his Carelessness C/O Harrington could have Caused My pace MAKer to stop working and sent me into Cardiac arrest and i could have died. List of people who witnessed event below!

Inmate Alexander R.T.U.C1

Inmate Tony Palmer R.T.U.C2

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Revised 9/2007

C/O Davis

C/O Rabus

C/O Auverro

C/O Allen

C/O Wright

ALL 7to3

transportation officers

After the incident i asked C/O Cobbs if i could see a doctor because i was not feeling well at this time C/O Cobbs went to the back to Ask a nurse if i could be seen. He returned and told me i could not be seen because it was a non-emergency. If being tasered and Complaining of Chest pains was not an emergency im not sure what is.

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to have the Co brought up on  
Charges and i plan to sue him along with  
Cermak health care services for denying me medical  
Attention

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 31 day of MAY, 2008

Charles Head

(Signature of plaintiff or plaintiffs)

Charles Head

(Print name)

20070084711

(I.D. Number)

Cook County Jail

2600 S. California Ave

Chicago, IL 60608

(Address)